

**CENTRAL MARYLAND CREMATION SERVICES, INC.**  
**254 E. MAIN STREET, WESTMINSTER MARYLAND 21157 ❖ (410)848-7575**  
**IDENTIFICATION, CREMATION AUTHORIZATION, HOLD HARMLESS AGREEMENT,**  
**POLICIES, PROCEDURES & REQUIREMENTS**  
**IDENTIFICATION**

The undersigned, having viewed the remains, does hereby identify the same as the body of \_\_\_\_\_  
**Full Name of Deceased (Type/Print)**

Ample time has been given the undersigned to assure proper identification prior to the execution of this document, and by signing the same, the undersigned acknowledges that there is no doubt or question about this identification. The undersigned assumes all liability for mistaken identification or incorrect identification and does hereby agree to indemnify and hold CENTRAL MARYLAND CREMATION SERVICES, INC. (hereinafter referred to as CMCS) and \_\_\_\_\_ its officers, \_\_\_\_\_  
**Name of Funeral Home (Type/Print)**  
agents and employees, harmless from any and all claims, suits or causes of action, including a reasonable attorney's fee for the defense thereof, arising out of this identification.

\_\_\_\_\_  
Name of Authorized Person (Print/Type) \_\_\_\_\_ Signature of Authorized Person \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

**DISPOSITION OF CREMATED REMAINS**

The undersigned requests that the following disposition be made of the cremated remains and hereby authorizes CENTRAL MARYLAND CREMATION SERVICES, INC. to release, transport, or ship the cremated remains as specified. Check one of the following:

1. \_\_\_\_\_ Release the cremated remains to the funeral home to be picked up within 10 days.
2. \_\_\_\_\_ Deliver the cremated remains to the U.S. Postal Service for shipment by Registered, Return Receipt mail to \_\_\_\_\_

**PACEMAKERS, PROSTHESES, SILICON AND RADIOACTIVE IMPLANTS**

Mechanical Devices implanted in the Deceased may create a hazardous condition when placed in the cremation chamber. CMCS will not cremate any human remains which contain any type of implanted device.

HAS THE DECEASED BEEN TREATED WITH THERAPEUTIC RADIONUCLIDES? YES ( \_\_\_\_\_ ) NO ( \_\_\_\_\_ ).

THE AUTHORIZED REPRESENTATIVE(S) CERTIFY THAT THE REMAINS OF THE DECEASED ( \_\_\_\_\_ ) DO ( \_\_\_\_\_ ) DO NOT CONTAIN ANY TYPE OF IMPLANTED DEVICE. In the event the remains of the Deceased do contain such a device, the Authorized Representative(s) hereby authorize and instruct The Funeral Home, its agents and employees, to remove all mechanical devices from the remains prior to the cremation process . The Authorized Representative(s) also agree to indemnify CMCS, the Funeral Home, its affiliates, and their agents and employees, against loss from any and all claims, demands, or damages which may be made or declared against it or them by reason of the failure of the Authorized Representative(s) to timely disclose the existence of such implanted mechanical device(s). The undersigned is liable for any damage to the crematory or injury to personnel. If no instruction for disposition of the mechanical device is given herein, The Funeral Home is authorized to dispose of such a device at its sole discretion.

ALL PACEMAKERS, SILICON, AND RADIOACTIVE IMPLANTS MUST BE REMOVED PRIOR TO DELIVERING THE DECEDENT TO CENTRAL MARYLAND CREMATION SERVICES, INC. **INITIALS** \_\_\_\_\_

**INFECTIOUS OR CONTAGIOUS DISEASE**

THE UNDERSIGNED STATES THAT THE DECEASED ( \_\_\_\_\_ ) DOES ( \_\_\_\_\_ ) DOES NOT HAVE AN INFECTIOUS OR CONTAGIOUS DISEASE.

The undersigned acknowledge that if they do not notify the Funeral Home and CMSC about an infectious or contagious disease, the undersigned will be liable for any damages to the Funeral Home and CMSC and/or injury to Funeral Home and Crematory personnel. **INITIALS** \_\_\_\_\_

**CREMATION AUTHORIZATION**

The undersigned hereby authorizes Central Maryland Cremation Services, Inc. (CREMATORY), in accordance with and subject to its Rules and Regulations.

to cremate the remains of \_\_\_\_\_ who died on \_\_\_\_\_ at \_\_\_\_\_. I, (we) the undersigned,  
**FULL NAME OF DECEASED** **DATE OF DEATH** **TIME OF DEATH**

hereby certify that I am the closest living next of kin of the decedent and that I am related to the decedent as his/her \_\_\_\_\_ or that I

otherwise serve (served) in the capacity of \_\_\_\_\_ to the decedent, that I have charge of the remains of the decedent and as such possess full legal

authority and power, according to the laws of the state of \_\_\_\_\_, to execute the authorization form and to arrange for the cremation and disposition of the

cremated remains of the decedent. In addition, I am aware of no objection to this cremation by any spouse, child, parent, or sibling.

**LIMITATION OF LIABILITY**

As the Authorizing Agent(s), I(We) hereby agree to indemnify, defend, and hold harmless CMCS, the Funeral Home, and both entities officers, agents and employees, of and from any and all claims, demands, causes of action, and suits of every kind, nature and description, in law or equity, including any legal fees, costs and expenses of litigation, arising as a result of, based upon or connected with this authorization, including the failure to properly identify the decedent of the human remains transmitted to CMCS, the processing, shipping and final disposition of the decedent's cremated remains, the failure to take possession of or make proper arrangements for the final disposition of the cremated remains, any damage due to harmful or explodable implants, claims brought by any other person(s) claiming the right to control the disposition of the decedent or the decedent's cremated remains, or any other action performed by CMCS, the Funeral Home and both entities officers, agents, or employees, pursuant to this authorization, excepting only acts of willful negligence.

I (We) have read the attached document entitled "CMCS CREMATION POLICIES, PROCEDURES AND REQUIREMENTS," and hereby authorize CMCS to perform the cremation of the decedent in accordance with that document. (Reverse side of the document)

(Acknowledgement of prior 3 paragraphs) **INITIALS** \_\_\_\_\_

**THIS IS A LEGAL DOCUMENT. IT CONTAINS IMPORTANT PROVISIONS CONCERNING CREMATION. CREMATION IS IRREVERSIBLE AND FINAL.**

**READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.**

By executing this Cremation Authorization Form, as Authorizing Agent(s), the undersigned warrant that all representations and statements contained on this form are true and correct, that these statements were made to induce Central Maryland Cremation Services, Inc., to cremate the human remains of the decedent, and that the undersigned have read and understand the provisions contained on this form.

\_\_\_\_\_  
NAME OF AUTHORIZED PERSON (Type or Print) \_\_\_\_\_ Signature of Authorized Person \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
OTHER AUTHORIZED SIGNATURE

\_\_\_\_\_  
OTHER AUTHORIZED SIGNATURE

**FUNERAL DIRECTORS CERTIFICATION**

I certify that I have examined the contents and representation made in this form and the accompanying permit and to the best of my knowledge and belief they are true, correct and complete, and all applicable laws, ordinances and regulations have been complied with in connection with the foregoing.

\_\_\_\_\_  
SIGNATURE OF FUNERAL DIRECTOR/MORTICIAN

\_\_\_\_\_  
DATE